

MAMARONECK UNION FREE SCHOOL DISTRICT
DENTAL EXAMINATION CERTIFICATE

Effective September 2008, New York State law requests that students enrolling in pre-kindergarten, kindergarten and in Grades 2, 4, 7 and 10 in a public elementary school in NY State present a dental health certificate. Such certificate must contain a report of a comprehensive dental examination performed on such a child.

TO BE COMPLETED BY STUDENT'S DENTIST:

Name of student: _____

Grade: _____ Teacher: _____

School: Central Chatsworth
 Mamaroneck Avenue Murray
 Hommocks High School
 Other _____

This is to certify that the above-named student is:

- under my dental care
 not in need of dental care at this time

Date of exam: _____

Name of dentist: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Signature of dentist: _____

PLEASE RETURN THIS FORM TO YOUR SCHOOL NURSE

MAMARONECK UNION FREE SCHOOL DISTRICT
DENTAL EXAMINATION CERTIFICATE

Effective September 2008, New York State law requests that students enrolling in pre-kindergarten, kindergarten and in Grades 2, 4, 7 and 10 in a public elementary school in NY State present a dental health certificate. Such certificate must contain a report of a comprehensive dental examination performed on such a child.

TO BE COMPLETED BY STUDENT'S DENTIST:

Name of student: _____

Grade: _____ Teacher: _____

School: Central Chatsworth
 Mamaroneck Avenue Murray
 Hommocks High School
 Other _____

This is to certify that the above-named student is:

- under my dental care
 not in need of dental care at this time

Date of exam: _____

Name of dentist: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Signature of dentist: _____

PLEASE RETURN THIS FORM TO YOUR SCHOOL NURSE